

PASARR (Pre-Admission Screening and Annual Resident Review) Guide
(To help determine whether an application for nursing facility care needs a PRE-admission screening.)

Mental Illness

1. Does this individual have a primary or secondary diagnosis of a mental disorder such as schizophrenia, mood, borderline personality, post-traumatic stress, obsessive-compulsive, panic, or other mental disorder that may lead to a chronic disability? () YES () NO
2. Has this disorder resulted in functional limitations in major life activities within the past 3 to 6 months? () YES () NO
3. Does this individual have a recent treatment history, within the past 2 years, that has been more intensive than outpatient services – such as a psychiatric inpatient hospitalization – or has required the intervention of social service, housing, or law enforcement agencies, to allow the individual to remain living in the community? () YES () NO

NOTE: If **ALL** three questions are answered “yes,” PASARR may be needed; however, unless the **primary** diagnosis is mental illness, an applicant with any type of dementia shall be exempt from further screening. If all three questions are answered “yes,” fax (603-271-5051) to the PASARR office:

- PASARR Referral Forms: Pages 1 and 2
- Notice to Individuals Seeking Nursing Home Admission

If long-term placement is being considered, also include medical and psychiatric assessments.

Mental Retardation or Related Condition

1. Is the condition predominantly characterized by substantial deficits in intellectual functioning manifested by significant impairments in adaptive behavior? () YES () NO
2. Did the condition originate before the individual reached age 22? () YES () NO
3. Has the condition continued or can be expected to continue indefinitely? () YES () NO
4. Does the condition constitute a severe handicap to the individual’s ability to function normally in society? () YES () NO

NOTE: If **ALL** four questions are answered “yes,” PASARR may be needed. An applicant with a mental retardation diagnosis shall **always** be screened regardless of a diagnosis of any form of dementia. If all four questions are answered “yes,” fax (603-271-5051) to the PASARR office:

- PASARR Referral Forms: Pages 1 and 2
- Notice to Individuals Seeking Nursing Home Admission, and,

If long-term placement is being considered, also include medical reports, social histories, area agency personal profiles – whatever information will assist the PASARR office to make a determination.

This form is only intended to assist you in deciding whether PASARR is required.

It is not a substitute for a formal PASARR assessment performed by our QMHP or QMRP. The only evidence that documents a PASARR assessment is a PASARR determination form which will be faxed to a nursing facility upon completion of an official review and should be kept in the individual’s file for quality assurance surveys. Should you choose, a copy of this form may be kept in _____’s file to demonstrate why a formal screening was not performed.

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